| 617 E 4  | 04                                    |   |   |                                     |  |                               | ۸                              | /      |
|--|---------------------------------------|---|---|-------------------------------------|--|-------------------------------|--------------------------------|--------|
| 2000   | \$/                                   |   |   |                                     |  |                               | Z                              |        |
| NOV 1.8 5002   | ( <u>8</u>                            |   |   |                                     |  |                               |                                | \$70.\ |
| PARADENA PE  | <i>\$</i> /                           |   |   | Approve                             | ed for use through                     | 7/31/2006. O                  | B/17 (12-04v2)<br>MB 0651-0032 | MET    |
| CHIGADE NA   | erwork Reduction Act of 1995, r       | no person are required to                   | U.S. Patent<br>respond to a collectio     | t and Trademark<br>n of information | Office; U.S. DEP<br>unless it displays | PARTMENT OF<br>a valid OMB of | COMMERCE control number.       | 1      |
|  | Effective on 12/08/2004.              | Complete if Known                           |   |                                     |  |                               |                                |        |
| ·  | e Consolidated Appropriation          | Application Nun                             |   | 0/811,844-Conf. #2325               |  |                               |                                |        |
| FEE  | TRANSMI                               | Filing Date                                 | <del> </del>                              | March 30, 2004<br>Hironori Tanikawa |  |                               |                                |        |
|  | For FY 2005                           | 7 11 01 7 10 11 10 11 11 11 11              |   | N. P. Kamen                         |  |                               |                                |        |
| Applicant  | claims small entity status. Se        |   |   | 3747                                |  |                               |                                |        |
| TOTAL AMOUNT OF PAYMENT (\$) 1,390.00  |                                       |   | Attorney Docket No.                       |                                     | IID-0212                               |                               |                                |        |
| METHOD OF PAYMENT (check all that apply)   |                                       |   |   |                                     |  |                               |                                |        |
| Check  | 1                                     | oney Order No                               | on Other (                                | please identify                     | v)·                                    |                               |                                | l      |
|  |                                       |   |   |                                     |  |                               |                                | l      |
| x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC   |                                       |   |   |                                     |  |                               |                                | l      |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                                       |   |   |                                     |  |                               |                                | 1      |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  |                                       |   |   |                                     |  |                               |                                |        |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  |                                       |   |   |                                     |  |                               |                                |        |
| FEE CALCULATION  |                                       |   |   |                                     |  |                               |                                |        |
|  | , SEARCH, AND EXAMI                   | NATION FEES                                 |   |                                     |  | ****                          |                                |        |
| ·  | FILING                                |   | ARCH FEES                                 |                                     | TION FEES                              |                               |                                |        |
| Application Ty   |                                       | imall Entity<br>Fee (\$) Fee (\$            | Small Entity ) Fee (\$)                   | Fee (\$)                            | Small Entity<br>Fee (\$)               | Fees P                        | aid (\$)                       |        |
| Utility  | 300                                   | 150 500                                     | 250                                       | 200                                 | 100                                    |                               |                                |        |
| Design   | 200                                   | 100 100                                     | 50  | 130                                 | 65                                     |                               |                                |        |
| Plant  | 200                                   | 100 300                                     | 150                                       | 160                                 | . 80                                   |                               |                                |        |
| Reissue  | 300                                   | 150 500                                     | 250                                       | 600                                 | 300                                    |                               |                                |        |
| Provisional  | 200                                   | 100 0                                       | 0   | 0                                   | 0                                      |                               |                                |        |
| 2. EXCESS CLA  | IM FEES                               |   |   | •                                   |  |                               | Small Entity                   |        |
| Fee Description Fee (\$)   |                                       |   |   |                                     |  |                               |                                | •      |
| Each claim over 20 (including Reissues) 50 25  |                                       |   |   |                                     |  |                               |                                |        |
| Each independent claim over 3 (including Reissues)  Multiple dependent claims  360  180  |                                       |   |   |                                     |  |                               |                                |        |
| Madelala Danas dest Claims   |                                       |   |   |                                     |  |                               |                                |        |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  17 -20 = x = Fee (\$) Fee Paid (\$)  |                                       |   |   |                                     |  | 1                             |                                |        |
|  |                                       |   |   |                                     |  |                               | _                              | •      |
| Indep. Claims<br>4   |                                       | ee (\$) Fee                                 | Paid (\$)                                 |                                     |  |                               |                                |        |
| 3. APPLICATION   | 4 =                                   |   |   |                                     |  |                               |                                |        |
| If the specificat  | ion and drawings exceed               | 100 sheets of paper                         | (excluding electr                         | ronically filed                     | d sequence or                          | computer                      |                                |        |
| listings unde  | er 37 CFR 1.52(e)), the ap            | oplication size fee du                      | ne is \$250 (\$125 :                      | for small enti                      | ity) for each a                        | dditional 50                  |                                |        |
|  | ction thereof. See 35 U.S             |   |   |                                     | Fee (\$)                               | Fee F                         | Paid (\$)                      |        |
| <u>Total Sheets</u>  | · · · · · · · · · · · · · · · · · · · |   | additional 50 or fra<br>(round up to a wh |                                     |  | =<br>=                        | 0.0 107                        |        |
| 4. OTHER FEE(S) Fees Paid (\$)   |                                       |   |   |                                     |  |                               |                                |        |
| Non-English  | Specification, \$130 fee              | (no small entity disc<br>01 Request for cor | ount)<br>tinued examina                   | tion (RCF)                          | (see 37                                | 79                            | 0.00                           |        |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 1201 Independent claims in excess of three (see 37 600.00 |                                       |   |   |                                     |  |                               |                                |        |
| SUBMITTED BY   |                                       |   | 1   |                                     |  |                               |                                |        |
| Signature  | (all Sc                               |   | Registration No. (Attorney/Agent)         | 22,663<br>29,211                    | Telephone                              | (202) 95                      | 5-3750                         |        |
| Name (Print/Type)  | David T. Nikaido<br>Carl Schaukowitch |   |   | -                                   | Date 1                                 | November                      | 18, 2005                       |        |